PTO/SB/01 (08-03)
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DECLARATION FOR UTILITY OR

DES		IYUR	First Named Inventor Hueber									
	ا ا	COMPLETE IF KNOWN										
PATENT APPLICATION (37 CFR 1.63)			Application Number									
			Filing Date									
Declaration Submitted OR	Declarati Submitte	on										
With Initial	Filing (su	urcharge	Art Unit									
Filing	required		Examiner Name									
I hereby declare that:												
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.												
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
Golf Putter Alignment Device To Correct for Eye Predominance												
(Title of the Invention)												
the specification of which												
is attached hereto												
OR			•		•							
	[as United States	Application N	Number or PCT International							
was filed on (MM/DD/YY	m		as United States	Application N	Number or PCT International							
	m)	and was amended	as United States		Number or PCT International (if applicable).							
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (06-03)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:			OR	V	Corresp	ondence address below				
Name										
Thomas C. Saitta - Rogers Towers,	P.A.							:		
Address 1301 Riverplace Boulevard - Suite 1	500					-				
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Jacksonville			Florida	Florida				32077		
Country	Telephone		Fax							
US	904-346-5518		904-3			-396-0663				
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardiz	true; and fur de are punishat	ther that these st ble by fine or impr	atements isonment	were or bo	made th, und	with ler 18	the kno	wledge that willful false		
NAME OF SOLE OR FIRST IN	VENTOR:	🔲 A	petition I	nas be	en filed	l for th	is unsign	ed inventor		
Given Name				F	amily N	Jame				
(first and middle [if any])				01	r Surna	ame H	ueber	eber		
Inventor's Signature	DK	fulm	<u> </u>		, ,			Date 2/27/04		
Residence: City	State	Coun	Country Citize			Citizer	nship			
Ponte Vedra Beach	Florida	us	us us							
Mailing Address 123 Nandina Circle			•		(
City	State		ZIP					Country		
Ponte Vedra Beach	Florida		32082				US			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])				Family Name or Surname						
Inventor's Signature	BUS	Mos	2				C	DE STATE OF THE		
Residence: City	State	Coun	Country			Citizer	Citizenship			
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Additional inventors or a legal re	procontativo are bei	ing pamod on the	gunnlam	ntal abov	at/e\ DT/	N/SB/02	A or 021 P :	attached hereto.		